

DOI: 10.21767/1989-5216.1000240

Constrictive Pericarditis as a Cause of Ascites

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Image Article

A 71 year old Caucasian male with a past medical history of asthma, dyslipidemia and (a one year diagnosis of) cryptogenic cirrhosis was referred to the hepatology clinic for evaluation of ascites with imaging suggestive of cirrhosis. He complained of worsening exertional dyspnea, ascites and a 50 pound weight loss in the past 6 months. His exam was notable for ascites and elevated neck veins. He had normal liver function tests, platelet counts and INR. A diagnostic paracentesis revealed an elevated SAAG of 1.5 with negative infection or malignancy. He had a liver imaging performed 11 months prior at an outside hospital which revealed dilated hepatic veins and pericardial thickening (Figure 1a and 1b). An echocardiography and a right heart catheterization showed classic constrictive physiology with pericardial thickening suggestive of constrictive pericarditis.

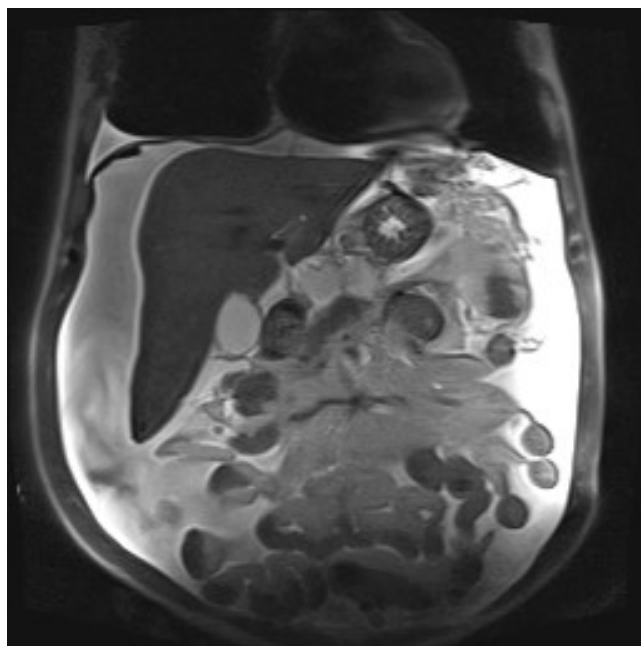


Figure 1a: Initial image performed 11 months prior to presentation showing pericardial thickening.

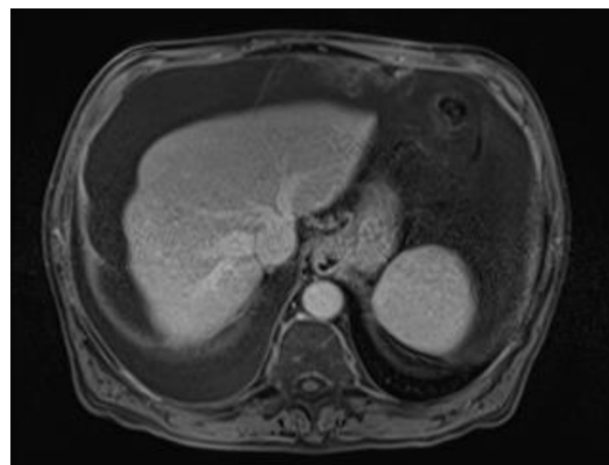


Figure 1b: Initial image performed 11 months prior to presentation shows dilated hepatic veins.

The patient was referred for a pericardiectomy. Post operatively he required two paracentesis. Presently, his ascites has entirely resolved (Figure 2).

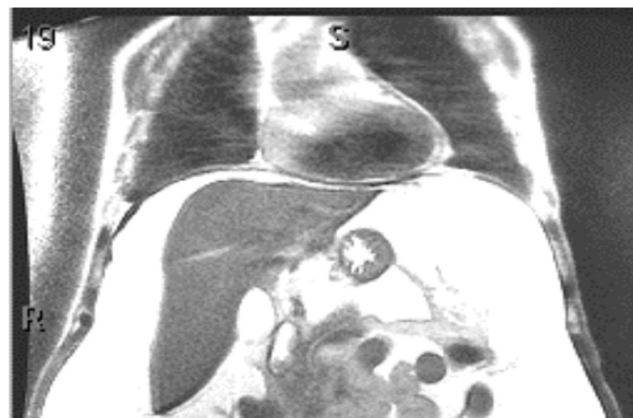


Figure 2: Repeat imaging at presentation with pericardial thickening.